

INDIVIDUAL INCIDENT REPORT INSTRUCTIONS

SITE LEVEL INCIDENT REPORT

INSTRUCTIONS

Initial Report: Individual Information

This section will be blank for Site level incidents.

Initial Report: Filing Agency Information

Filing Agency: - Name of agency completing the incident report.

Reporting Agency Only? – This needs to be answered “yes” or “no.” If the reporting agency was not providing services to the individual at the time of the incident, such as the individual being at home with their family, the answer would be “no.” If the agency was providing or should have been providing services at the time of the incident, the answer would be “yes.”

Staff Filling Out Paper Form – This should be answered if an initial report was completed on paper before entering into HCSIS. The person filling out the paper form should be identified here.

Staff Responsible for Incident Follow-up – The staff person who will be following up on any action that needs to be taken as a result of this incident should be identified here.

Initial Report: Incident Classification

Date Incident Discovered – Enter the date (MM/DD/YYYY) the reporter learned of the incident. This date would be when the reporter observed the incident or, if not observed, when they first learned of the incident after it occurred.

Approximate Time Incident Discovered – Enter the approximate time (HH:MM AM/PM) the reporter observed the incident or when they first learned of the incident after it occurred.

Complete Only if Known

Date Incident Occurred – MM/DD/YYYY

Approximate Time Incident Occurred – HH:MM AM/PM

Did Staff Directly Observe the Incident? – Answer yes/no/unknown. Answer “yes” only if staff directly observed the incident as it occurred.

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Was Supervision, At the Time of the Incident Being Provided as Assigned? – Answer yes/no. It is important to know whether the individual at the time of the incident was being supervised in a manner consistent with supervision requirements identified in the individual's ISP. For example, if the identified supervision requirements in an individual's residential placement calls for 24-hour supervision, but not line-of-sight supervision, an event could occur in the home with staff being present in the home but not directly observe the incident. The answer would then be "yes," supervision was being provided as assigned. However, if the supervision requirement is line-of-sight supervision, at the time of the event and staff are not directly present, the answer would be "no." However, if it is unclear whether supervision was provided as assigned; e.g. it is unclear when the event happened, the answer would be "yes." The answer should be "no" only when there is a clear indication that supervision was not provided as assigned.

Responsible Site – If known, enter the address and any other needed information to identify the actual service site that was responsible for the individual at the time of the incident. For example, if the responsible site was the residential service, enter the address of the residence. If the responsible site was a day service, enter the address of the day service and any other information needed to specifically identify the site, such as ABD work supports, if more than one service is located at the site address.

Area Office with Primary Responsibility for the Site – Enter the name of the Area Office that serves the home for a Residential Provider and for the geographical area for a Day provider.

Incident Categories – Choose the most appropriate incident category and secondary category, if available under the chosen primary category, to identify the incident. The categories are organized by degree of severity. The most severe primary and secondary category that fits the incident should be chosen. For example, if an individual is involved in a physical altercation and is transported to the hospital and examined and released from the emergency room as a result of that altercation, the choice should be "unexpected hospital visit" as a primary category with the secondary category of "ER Visit."

Is there an Injury? – The answer should always be "NO". If you need to answer "YES" to this question, you should complete an Individual Incident Report, not a Site level report.

Initial Report: Incident Description I

Incident Description - Include all pertinent information necessary for the reader to have a full understanding of the incident. This could include any antecedents or causes, others involved in the incident (other individuals should not be identified by name), etc.

Initial Report: Incident Description II

What Is the Most Recent Status of the Individual? – This requires a narrative response. The most recent status of the individual refers to the individual's state or

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condition at the time the incident report is being completed. For example, is the individual presently upset/calm/resting comfortably?

Is the Incident Location Known? – Answer yes/no as to whether it is known where the incident occurred. If known, answer the next two questions.

Where Did the Incident Occur? – If known, choose one from the available choices of where the incident occurred.

Site Location of Incident (Address) – If the event occurred at a provider location, enter the address. If the incident did not occur at a provider location, enter “not applicable.”

If Not at Provider Site, Information About Incident Location

Location Name/Description: - If the incident did not occur at a provider site, describe where it did occur; e.g. restaurant, drug store, etc.

Location Name and Address – If the incident did not occur at a provider site, give the actual name and address of the site, if known.

Individuals Involved – Enter the names of the Individuals involved.

Initial Report: Actions Taken To Protect Health, Safety and Rights

Actions Taken to Protect Health, Safety and Rights – Outline in narrative all immediate actions taken to protect the individual. Describe administrative, health/safety, treatment and other actions taken to address the incident to date.

Treatment Provided By – Choose all that apply from the available list to identify everyone who provided any treatment for this incident.

Initial Report: Involved Parties

People Involved with the Incident – Enter the names of those who completed the incident report, was an eyewitness to the incident, initially reported the incident and/or was the provider or DMR staff person to initially discover or be made aware of the incident. Do not enter others who were made aware of the incident beyond those described above. To protect confidentiality when identifying another individual, substitute descriptors such as Staff A, Staff B, Individual A, etc. in place of names. Complete all information if known.

Initial Report: Notification

Has D.P.P.C. Been Notified? – Choose “yes – have notified,” “no – will notify” or “no,” as to whether you or other staff have notified D.P.P.C.

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Has Family/Guardian Been Notified? - Choose “yes – have notified,” “no – will notify” or “no,” as to whether you or other staff have notified the family/guardian of this incident.

Has Law Enforcement Been Involved? - Choose “yes – have notified,” “no – will notify” or “no,” as to whether law enforcement is being involved in this incident. Law Enforcement is considered involved when their presence is needed to respond to a crime or to assist in keeping an individual safe.

Signature of the Staff Filling Out Paper Incident Report – Person completing the paper incident report should sign the paper report to be submitted.

Position – The position of the person filling out the paper incident report should be entered.

Telephone – The work telephone number of the person filling out the paper incident report should be entered.

Date/Time of Report – The date/time the report is completed should be entered. (MM/DD/YYYY) (HH:MM AM/PM)

Name of Supervisor – The name of the supervisor completing the supervisory review should be entered.

Position – The position of the supervisor should be entered.

Signature of Supervisor – The signature of the supervisor should be entered on the paper incident report if this review is completed on paper.

Telephone – The telephone number of the supervisor should be entered.

Date/Time of Review – The date/time the supervisory review is completed should be entered. (MM/DD/YYYY) (HH:MM AM/PM)

Final Report: Additional Information – This section is to be used to update and/or correct any information provided in the initial report. Most questions, therefore, are repeat questions from the initial report. If there are no additions or corrections, the question does not need to be answered again.

Incident Description – Make any additions or corrections to the incident narrative here. If there are no additions or corrections, this question does not need to be answered.

Are There Additional Action Steps for This Incident? – This question should be answered yes/no as to whether there is further action to be taken from the action taken to protect the individual’s health, safety and rights at the time the incident occurred or was

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discovered. If the question is answered “yes,” those further action steps should be outlined in the next question.

Final Report: Involved Parties

People Involved with the Incident – answer only if there are corrections or additions.

Final Report: Verification of Time and Categorization

Initial Report Information is Correct to the Best of my Knowledge – If the information in the initial report does not need to be changed, answer “yes.” The rest of the information in this section can be skipped until the report finalization section. If there is information to be added or corrected, the answer is “no,” and then the information that needs to be changed should be corrected for the appropriate section. The remaining questions are as follows:

Date Incident Discovered

Approximate Time Incident Discovered

Do You Know the Date and/or Approximate Time the Incident Occurred.

Date Incident Occurred

Approximate Time Incident Occurred

Incident Categories

Reporting Agency Only?

Staff Filling Out Paper Final Report

Did Staff Directly Observe the Incident?

Was Supervision at the Time of the Incident Being Provided as Assigned?

Has D.P.P.C. Been Notified?

Has Family/Guardian Been Notified?

Has Law Enforcement Been Involved?

Description of Any Injury Associated with the Incident.

Is There an Injury?

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Final Report - Finalization

Name of Person Finalizing Report – Enter the name of the person who is completing and finalizing the incident report.

Position – Position of the person finalizing the incident report.

Signature – If completed on paper, the signature of the person finalizing the incident report.

Telephone – Work phone number of the person completing the final report.

Date/Time of Review - Date (MM/DD/YYYY) and Time (HH:MM AM/PM) the report is finalized.